

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

**RECEIVED**  
EMAIL  
MAY 17 2008

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Friends for Zahn

**IMPORTANT:** Indicate by # type of committee you are reporting for: 5

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

**Candidate Name**

David E. Zahn

**Political Party (if applicable)**

Republican

**Office Sought**

Linn County Sheriff

**District (if Senate or House)**

**FORM  
DR-2**

(Rev. 07/2007)

**DISCLOSURE  
REPORT**

**For Office Use Only**

Comm. # \_\_\_\_\_  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]

**SIGNATURE OF PERSON FILING REPORT**

319-393-1911

**TELEPHONE**

5-17-08

**DATE SIGNED**

I AM FILING A May 19<sup>th</sup> 2008

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

June 3

County & Local Committees, enter County in  
which Election is held

Linn (57)

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

\$6429.19

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**

\$

\$8289.19

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

\$1356.04

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$

\$6933.15

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

0

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

0

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

0

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES X NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

0

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends for Zahn

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4-04-08	ID# CK#	Waldo Morris 4512 Lakeside Rd Mason IA 52302		\$ 1000 <sup>00</sup>	<input type="checkbox"/>
4-04-08	ID# CK#	Nancy Mowry 2980 E Post Rd Mason IA 52302		30 <sup>00</sup>	<input type="checkbox"/>
4-19-08	ID# CK#	Janet McBurn 2772 E Robins Rd Mason IA 52302		\$ 30 <sup>00</sup>	<input type="checkbox"/>
4-19-08	ID# CK#	Harold Becker 230 Guernsey Bldg Cedar Rapids IA 52401		\$ 50 <sup>00</sup>	<input type="checkbox"/>
4-22-08	ID# CK#	Scott Olson 6467 Quail Ridge Dr SW CR IA 52404		\$ 50	<input type="checkbox"/>
4-23-08	ID# CK#	Ivan Hand 3470 Raven Lane CR IA 52402		\$ 25	<input type="checkbox"/>
4-24-08	ID# CK#	Terry Strait 5016 Broadawn Dr SE CR IA 52403		\$ 25	<input type="checkbox"/>
4-29-08	ID# CK#	Paul Dake 6801 Bowman Lane CR IA 52402		\$ 100	<input type="checkbox"/>
4-29-08	ID# CK#	James Tow 2473 Victoria Dr SW CR IA 52404		\$ 25 <sup>00</sup>	<input type="checkbox"/>
4-30-08	ID# CK#	Thomas Allen 1089 Cedar Woods Rd CR IA 52403		\$ 100 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 1435 <sup>00</sup>	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**

☐ CHECK THIS BOX IF  
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**COMMITTEE NAME** (Must be same as on Statement of Organization)

Friends for Zahn

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5-01-08	ID# CK#	Erwin Fruhling 3408 Shasta Dr NE CR IA 52402		\$ 50 <sup>00</sup>	<input type="checkbox"/>
5-01-08	ID# CK#	Conrad Fruhling 1636 Keith Dr NE CR IA 52402		\$ 50 <sup>00</sup>	<input type="checkbox"/>
5-01-08	ID# CK#	Bill Hoekstra 2119 E Ave NE CR IA 52402		\$ 100 <sup>00</sup>	<input type="checkbox"/>
5-02-08	ID# CK#	Curt Hammes PO Box 217 Marion IA 52302		\$ 200 <sup>00</sup>	<input type="checkbox"/>
5-11-08	ID# CK#	John Allen 2290 Clark Ave Marion IA 52302		\$ 25 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 425 <sup>00</sup>	
TOTAL (if last page of this schedule)				\$ 1860 <sup>00</sup>	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Friends for Zahn

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3-18-08	ID# CK# 1012	Friends of the NRA	political appearance at dinner event	\$25 <sup>00</sup>
3-26-08	ID# CK# 1012	Collins Credit Union 1150 42nd St NE Cedar Rapids IA 52402	reorder checks	12. <sup>65</sup>
4-10-08	ID# CK# 1013	Office Max 327 Collins Rd NE CR IA 52402	paper, mailing labels printer cartridge	51. <sup>31</sup>
4-11-08	ID# CK# 1091	US postal service North East Post Office Cedar Rapids IA 52402	postage	\$82 <sup>00</sup>
4-29-08	ID# CK# 1052	Monroe Screen Printers 4580 S St SW CR IA 52404	signs & bumper stickers	1185 <sup>08</sup>
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$1356.04

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)